

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031429

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 419

FILED SEP 11 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Independence

Length of stay in 1b
28 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 16501 E. Truman

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN Independence

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1215 S. Spring

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First John

Middle W.

Last Eller

4. DATE OF DEATH

Month Aug.

Day 27

Year 1962

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11-2-1896

9. AGE (last birthday)
65

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic

10b. KIND OF BUSINESS OR INDUSTRY
Automobile

11. BIRTHPLACE (City and state or country)
Wirtz, Virginia

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John B. Eller

13b. MOTHER'S MAIDEN NAME

Sarah Weddel

14. NAME OF HUSBAND OR WIFE

Marie Eller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Marie Eller, 1215 S. Spring, Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Penalty for Excess

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
A ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

Car accident while driving

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. 8-27-62
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
garage

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Independence Jackson Mo

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. C. L. Kelly, M.D., M.P.H., Carous

22b. ADDRESS

6627 Westport St. One

22c. DATE SIGNED

8-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-31-1962

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county) (State)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Floral Hills Memorial Chapels, Inc.
Blue Ridge & Gregory

25. DATE RECD. BY LOCAL REG.

8-31-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

17005
27005

3

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11 120

12 71-3

13 1-0

MS SEP 12 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.